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**REGISTERED PATENT AGENTS



June 25, 1999

WRITER'S DIRECT NUMBER:
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JUN 28 1999

**Attn. Box Issue Fee
Batch No. Z99**

Assistant Commissioner for Patents
Washington, D.C. 20231

**Publishing Division
02**

Re: U.S. Allowed Utility Patent Application
Appl. No. 08/466,343; Filed: June 6, 1995
For: **Polynucleotides Encoding Human G-Protein Chemokine Receptor
HDGNR10 (As amended)**
Inventors: LI *et al.*
Our Ref: 1488.1150000/EKS/HCC

Sir:

In response to the **Notice of Allowance and Issue Fee Due** mailed **March 31, 1999**, the following documents are forwarded for appropriate action by the U.S. Patent and Trademark Office:

1. Fee Transmittal Form (Form PTO/SB/17) (*in duplicate*);
2. Issue Fee Transmittal (Form PTOL-85B) (*in duplicate*);
3. One (1) return postcard; and
4. Our Check No. 24765 for \$1,240.00 to cover:
 \$1,210.00 Issue Fee; and
 \$ 30.00 Advance copies of patent.

It is respectfully requested that the attached postcard be stamped with the date of filing of these documents, and that it be returned to our courier.

Assistant Commissioner for Patents


June 25, 1999

Page 2

The U.S. Patent and Trademark Office is hereby authorized to charge any fee deficiency, or credit any overpayment, to our Deposit Account No. 19-0036. If extensions of time under 37 C.F.R. § 1.136 other than those otherwise provided for herewith are required to prevent abandonment of the present patent application, then such extensions of time are hereby petitioned, and any fees therefor are hereby authorized to be charged to our Deposit Account No. 19-0036. A duplicate copy of this letter is enclosed.

Respectfully submitted,

STERNE, KESSLER, GOLDSTEIN & FOX P.L.L.C.



Eric K. Steffe
Attorney for Applicants
Registration No. 36,688

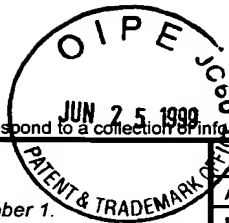
Enclosures

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SKGF Rev 9/23/98 dcw

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FEE TRANSMITTAL <i>Patent fees are subject to annual revision on October 1. These are the fees effective October 1, 1997. Small Entity payments must be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12. See 37 C.F.R. §§ 1.27 and 1.28.</i>		Complete if Known	
TOTAL AMOUNT OF PAYMENT (\$) 1,240.00		Application Number	08/466,343
		Filing Date	June 6, 1995
		First Named Inventor	YI LI
		Examiner Name	Draper, G.
		Group / Art Unit	1646
		Attorney Docket Number	1488.1150000/EKS/HCC

METHOD OF PAYMENT (check one)		FEE CALCULATION (continued)				
1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayment to: Deposit Account Number: 19-0036 Deposit Account Name: Sterne, Kessler, Goldstein & Fox P.L.L.C. <input type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Charge the Issue Fee Set in 37 CFR 1.18 at the Mailing of the Notice of Allowance		3. ADDITIONAL FEES				
2. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check No. 24765 <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Other* *Charge any deficiencies or credit any overpayments in the fees or fee calculations of Parts 1, 2 and 3 below to Deposit Account No. 19-0036.						
FEE CALCULATION						
1. BASIC FILING FEE						
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid	
101	760	201	380	Utility filing fee		
106	310	206	155	Design filing fee		
107	480	207	240	Plant filing fee		
108	760	208	380	Reissue filing fee		
114	150	214	75	Provisional filing fee		
SUBTOTAL (1) (\$)						
2. EXTRA CLAIM FEES						
Total Claims ____ - 20** = ____ X ____ = ____						
Indep. Claims ____ - 3** = ____ X ____ = ____						
Multiple Dependent Claims: Already paid = ____						
** or number previously paid, if greater; For Reissues, see below						
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid	
103	18	203	9	Claims in excess of 20		
102	78	202	39	Independent claims in excess of 3		
104	260	204	130	Multiple dependant claim		
108	78	209	39	**Reissue independent claims over original patent		
110	18	210	9	**Reissue claims in excess of 20 and over original patent		
SUBTOTAL (2) (\$)						
		3. ADDITIONAL FEES (continued)				
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid	
105	130	205	65	Surcharge - late filing fee or oath		
127	50	227	25	Surcharge - late provisional filing fee or cover sheet		
139	130	139	130	Non-English specification		
147	2,520	147	2,520	For filing a request for reexamination		
112	920*	112	920*	Requesting publication of SIR prior to Examiner action		
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action		
115	110	215	55	Extension for reply within first month		
116	380	216	190	Extension for reply within second month		
117	870	217	435	Extension for reply within third month		
118	1,360	218	680	Extension for reply within fourth month		
128	1,850	228	925	Extension for reply within fifth month		
119	300	219	150	Notice of Appeal		
120	300	220	150	Filing a brief in support of an appeal		
121	130	221	130	Request for oral hearing		
138	1,510	138	1,510	Petition to institute a public use proceeding		
140	110	240	55	Petition to revive - unavoidable		
141	210	241	605	Petition to revive - unintentional		
142	1,210	242	605	Utility issue fee (or reissue)	1,210	
143	215	243	215	Design issue fee		
144	580	244	290	Plant issue fee		
122	130	122	130	Petitions to the Commissioner		
123	50	123	50	Petitions related to provisional applications		
126	240	126	240	Submission of Information Disclosure Stmt		
581	40	581	40	Recording each patent assignment per property (times number of properties)		
146	760	246	380	Filing a submission after final rejection (37 CFR 1.129(a))		
149	760	249	380	For each additional invention to be examined (37 CFR 1.129(b))		
Other fee (specify): ADVANCE COPIES OF PATENT					30.00	
Other fee (specify):						
*Reduced by Basic Filing Fee Paid						
SUBTOTAL (3) (\$)					1,240.00	

SUBMITTED BY				Complete (if applicable)	
Typed or Printed Name	Eric K. Steffe			Reg. Number	36,688
Signature				Deposit Acct. User ID	
Date	June 25, 1999				

ART B—ISSUE FEE TRANSMITTAL

Complete and mail this form, together with a

fee, to:

Box ISSUE FEE

Assistant Commissioner for Patents
Washington, D.C. 20231

MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORP Sterne, Kessler, Goldstein & Fox P.L.L.C. (any corrections or use Block 1)

1100 New York Avenue, N.W.

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Washington, D.C. 20005-3934

ELLIOT M OLSTEIN

CARELLA BYRNE BAIN GILFILLAN CECCHI

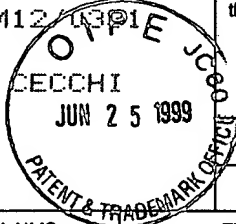
STEWART & OLSTEIN

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HM12 1331E

JUN 25 1999



Note: The certificate of mailing below can only be used for domestic mailings of the Issue Fee Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing.

Certificate of Mailing

I hereby certify that this Issue Fee Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above on the date indicated below.

(Depositor's name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
08/466,343	06/06/95	022	DRAPER, G	1646 03/31/99
First Named Applicant	35 USC 154(b) term ext. = 0 Days.			

TITLE OF INVENTION

POLYNUCLEOTIDES ENCODING HUMAN G-PROTEIN CHEMOKINE RECEPTOR
HDGMR 10 (AS AMENDED)

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
1 325800-449	435-069.100	Z99	UTILITY	NO	\$1210.00	06/30/99

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Sterne, Kessler, Goldstein & Fox P.L.L.C.

2

3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE Human Genome Sciences, Inc.

(B) RESIDENCE: (CITY & STATE OR COUNTRY) Rockville, Maryland

Please check the appropriate assignee category indicated below (will not be printed on the patent)

☐ Individual ☒ corporation or other private group entity ☐ government

4a. The following fees are enclosed (make check payable to Commissioner of Patents and Trademarks):

☒ Issue Fee Check No.: 24765
☒ Advance Order - # of Copies 10

4b. The following fees or deficiency in these fees should be charged to:

DEPOSIT ACCOUNT NUMBER 19-0036
(ENCLOSE AN EXTRA COPY OF THIS FORM)

☒ Issue Fee
☒ Advance Order - # of Copies 10

The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.

(Authorized Signature)

(Date)

Eric K. Steffe, Reg. No. 36,688

6/25/99

NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending on the needs of the individual case. Any comments on the amount of time required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND FEES AND THIS FORM TO: Box Issue Fee, Assistant Commissioner for Patents, Washington D.C. 20231

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

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01 FC142
02 FC131

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20-C 0

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Patenting Division

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TRANSMIT THIS FORM WITH FEE